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CONFIRMATION NO. 3162

|  |   |                           |   |                                     |                            |
|--|---|---------------------------|---|-------------------------------------|----------------------------|
| SERIAL NUMBER<br>10/642,802  | FILING DATE<br>08/18/2003<br><br>RULE   | CLASS<br>514              | GROUP ART UNIT<br>1635  | ATTORNEY<br>DOCKET NO.<br>ISPH-0765 |                            |
| APPLICANTS<br><br>✓ Mark J. Graham, San Clem, CA;<br>✓ Andrew T. Watt, Vista, CA;<br><br>** CONTINUING DATA *****<br>✓ This application is a CON of 10/001,076 10/23/2001 ABN<br><br>** FOREIGN APPLICATIONS *****<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 11/26/2003 |   |                           |   |                                     |                            |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and<br>Acknowledged        |   | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>0  | TOTAL<br>CLAIMS<br>20               | INDEPENDENT<br>CLAIMS<br>2 |
| ADDRESS<br>27180<br>ISIS PHARMACEUTICALS INC<br>1896 RUTHERFORD RD.<br>CARLSBAD , CA<br>92008  |   |                           |   |                                     |                            |
| TITLE<br>Antisense modulation of complement component C3 expression  |   |                           |   |                                     |                            |
| FILING FEE<br><br>RECEIVED<br>750  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |                                     |                            |

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